

Medicare Transition

Office of Retirement Services

Medicare Transition Process

- Enrolling in a Medicare plan is **NOT** an automatic process.
- Retirees enrolled in a CSJ health plan will receive a Medicare transition packet from our office approximately three months prior to their 65th birthday month.
- Eligible Retirees not enrolled in a CSJ health plan and wanting to enroll in a Medicare Plan with CSJ can request a packet when approaching age 65. A retiree is eligible to enroll in a CSJ health plan by having 15 years of service.
- The packet will include a cover letter, with instructions to enroll in Medicare Part A and B, or only Part B **if you were hired prior to March 1986** and do not qualify for Part A at no cost. You must contact Social Security to enroll by calling **1-800-772-1213**.
- The packet will also include our internal insurance enrollment form Medicare Transition INS650, and vendor enrollment forms.
- All forms and copy of your Medicare card **MUST BE** submitted directly to ORS. Please do not send any forms to Kaiser/Anthem as they may enroll you in a private plan.
- We cannot move you to a Medicare plan without the required forms and a copy of your Medicare card. ORS does not have a way of knowing that you've enrolled in Medicare without receiving the forms and a copy of your Medicare card.

What is Medicare Part A?

- Part A is synonymous with Hospitalization and is earned by paying 40 quarters into Medicare.
- In general, Part A covers:
 - In-patient care in a hospital
 - Skilled nursing facility care
 - Nursing home care (in-patient care in a skilled nursing facility that is not custodial or long-term care)
 - Hospice care
 - Home health care
- You will need to enroll in Part A unless you are a City retiree who was hired before March 1986 who does not qualify for Part A at no cost.
- Some people can qualify for Part A, through a spouse, former spouse, or a deceased spouse. Contact Social Security Administration (SSA) to confirm eligibility. ORS does not have access to Social Security and cannot confirm eligibility.
- If you are a **City retiree** who does not qualify for Part A at no cost, ORS **DOES NOT** require you to enroll. However, you will need to submit a copy of your Part A award letter to ORS. The letter will state that you did not earn enough quarters (40) to qualify for Part A. The next slide shows a sample of the Social Security award letter.

Social Security Award Letter Example

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Western Program Service Center
P.O. Box 2000
Richmond, California 94802-1791

Your Medicare Part A (hospital insurance) and Part B (medical insurance) start December 2018.

Why We Cannot Pay You

You have not worked long enough under Social Security to receive benefits on your own record.

~~Work under Social Security is figured in credits. Please read the enclosed pamphlet, "How You Earn Social Security Credits," which explains how the credits are earned and how many a person needs to receive benefits.~~

To qualify for benefits, you need a total of 40 work credits. You have earned 16 credits, and still need 24 credits more. These figures are based on your date of birth, December 23, 1953.

Information About Medicare

You will get a Medicare card within 2 weeks. You should show this card when you need medical care. To learn more about what Medicare covers, visit Medicare.gov. If you have questions about your Medicare coverage, call 1-800-MEDICARE (1-800-633-4227).

Your monthly premium for Medicare Part B (medical insurance) is \$134.00 beginning December 2018.

Medicare Part B

- Part B is synonymous with Medical Insurance. Medicare Part B covers doctors' and other health care providers' services, like lab and radiology. Outpatient care, durable medical equipment, dialysis, and some preventative care services are also covered.
- Part B premiums **are income based** and change yearly.
- ORS requires you to enroll in Medicare Part B to continue health coverage and to enroll in one of its Medicare plans.
- ORS has the right to terminate your health coverage if you do not enroll within your Initial Enrollment Period (IEP), three months prior to your 65th birthday and up to three months post your 65th birthday month.
- If you miss your IEP, Medicare will assess a lifetime penalty of 10% for each year you delay your Medicare Part B enrollment
- If you do not complete your enrollment, within your IEP, you will have to wait until Medicare's General Enrollment Period from January 1- March 31 each year. Medicare Enrollments processed during Medicare's Open Enrollment period have an effective date of the 1st of the month after your enrollment.
- ORS **does not** pay for Medicare premiums. These premiums are your responsibility. If you do not pay premiums, you will lose health coverage.

Medicare Part B (continued)

- Medicare will bill you quarterly or monthly for your Medicare Part B premiums. This applies to members who are **not** eligible for Social Security benefits or who are not yet collecting SS benefits.
- Payment must be remitted directly to Medicare. All questions regarding your first and future Medicare bills need to be directed to Medicare by calling **1-800-633-4227**.
- If you are receiving Social Security Benefits, Social Security will deduct your Medicare Part B premiums from your Social Security benefit check.
- If your monthly benefit check is not enough to cover your Medicare Part B premiums, Social Security will bill you for any additional amount owed.
- Some members may have to pay an additional amount for prescription Drug coverage, known as Part D/IRMAA (Income Related Monthly Adjustment Amount).
- IRMMA is based on your income over the past two years and must be paid.
- To avoid disenrollment and any lapse in coverage, please pay all premiums on time, directly to Medicare.
- If you are disenrolled due to non-payment, please contact Medicare to correct your enrollment **ASAP**.
- A new set of vendor forms (Anthem Medicare Advantage or Kaiser Permanente Senior Advantage) will be required to re-enroll in one of our Medicare plans.

2024 Medicare Part B Rates

Your yearly income†		You pay	Your yearly income†		You pay
Single-Standard‡ Married couple-standard‡	\$103,000 or less \$206,000 or less	\$174.70‡	If you're married but file a tax return separately from your spouse		
Single Married couple	\$103,001 - \$129,000 \$206,001 - \$258,000	\$244.60	\$103,000 – or less Standard‡	\$174.70	
Single Married couple	\$129,000 - \$161,000 \$258,000 - \$322,000	\$349.40	\$103,000 – less than \$397,000	\$559.00	
Single Married couple	\$161,000 - \$193,000 \$322,000 - \$386,000	\$454.20	Greater than or equal to \$397,000	\$594.00	
Single Married couple	\$193,000 - \$500,000 \$386,000 - \$750,000	\$559.00			
Single Married couple	Above \$500,000 Above \$750,000	\$594.00			

†Modified adjusted gross income as reported on your 2022 IRS tax return.

‡You will pay this Standard amount if you 1) enroll in Part B for the first time in 2024, 2) do not get Social Security benefits, 3) are directly billed for your Part B premiums. See [medicare.gov](https://www.medicare.gov) for complete details.

***Note:** The above dollar amounts are for 2023 and may change in 2024.

Medicare Premium Bill Example

YOUR MEDICARE NUMBER

Found on your Medicare card. **Please write your Medicare number on your check or money order.**

BILLING INFORMATION

- Current amount due and coverage period for Part A and/or Part B, *If this is the first billing you received, it may also include premiums owed for previous months not already billed. May also include Part B late enrollment penalty and/or Part B IRMAA amounts if they apply to you.
- Past due amount and coverage period already billed for Part A and/or Part B.
- Current amount due for Part D IRMAA and coverage period.
- Past due amount and coverage period already billed for Part D IRMAA.

TERMINATION DATE

The date your Medicare Insurance will end if you do not send the 'past due amount' by the date shown. You'll only see a termination date(s) on a bill that says "Delinquent" at the top.

PAYMENT COUPON

Cut or tear off the bottom portion of the bill and return it with your payment (or credit or debit card information).

Note: if you don't send in this coupon, your payment could get delayed.

AMOUNT PAID

Write in the exact amount of your check, money order, or credit or debit card payment.

VISA/MASTERCARD/AMERICAN EXPRESS/ DISCOVER NUMBER

You may pay premiums with a Visa, MasterCard, American Express, or Discover credit or debit card. To use this option, write in your credit or debit card account number, expiration date, Billing ZIP Code, and sign the form. If you pay by credit or debit card, you must provide your signature and return the payment information in the return envelope we sent you.

CMS-500 (2/16)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

MEDICARE PREMIUM BILL

DATE: mm/dd/yyyy

YOUR MEDICARE NUMBER:

Ways to pay your bill:

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to "CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover

Send payment with the coupon at the bottom to:

Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

	Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	IRMAA Part D	= Total Amount
Amount due for Part A and/or Part B	mm/dd/yyyy-mm/dd/yyyy	\$0.00	\$0.00		\$0.00
Past due amount for Part A and/or Part B	mm/dd/yyyy-mm/dd/yyyy	\$0.00	\$0.00		\$0.00
Amount due for IRMAA Part D	mm/dd/yyyy-mm/dd/yyyy			\$0.00	\$0.00
Past due amount for IRMAA Part D	mm/dd/yyyy-mm/dd/yyyy			\$0.00	\$0.00
Part A termination date: mm/dd/yyyy					
Part B termination date: mm/dd/yyyy					
Part D termination date: mm/dd/yyyy					
Total amount due:					\$0.00
Payment in full due by:					mm/dd/yyyy

Please send your full payment by mm/dd/yyyy. Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.

We got your last payment of \$ 0.00 on mm/dd/yyyy

See other side for important information, including who to contact if you have questions.

▼ Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment. ▼

Check here if your name or address has changed or is wrong, and complete the back of this paper.

Check here if the person has died.

Medicare Number:

Write your Medicare number on your check or money order.

Amount due: \$0.00 Due in full by: mm/dd/yyyy

Don't send cash. **Make check/money order payable to: CMS Medicare Insurance**

Send payment to:

MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

(over)

BILL TYPE

Some people with Medicare are billed either monthly or quarterly. If you are billed for Part A or IRMAA Part D, you will be billed monthly. If this box says:

- **FIRST BILL**, it means your last payment was received timely or this is your initial bill.
- **SECOND BILL**, it means a payment is late by at least 60 days.
- **DELINQUENT BILL**, it means a payment is late by at least 90 days and you could lose your Medicare coverage.
- **ESTATE BILL**, it means a payment is due for a deceased beneficiary.
- **THIS IS NOT A BILL**, it means a payment will be deducted from your bank account (usually occurs on the 20th of the month – known as Medicare Easy Pay).

PART A, PART B, & PART D COVERAGE

Some people with Medicare owe premium payments for:

- Hospital Insurance (Part A) only.
- Medical Insurance (Part B) only. Note: You may **owe** more than the standard Part B premium if you enrolled late; disenrolled from Medicare and later reenrolled; and/or you have a higher yearly income that makes you **owe** a Part B Income Related Monthly Adjustment Amount (IRMAA).
- Part D Income Related Monthly Adjustment Amount (IRMAA), an amount in addition to the Part D premium. **Note: this isn't your Part D premium. If you have Part D, your Part D plan bills you for your regular premium amount.**
- More than one part (Part A, Part B, Part D IRMAA).

TOTAL AMOUNT DUE

This is the total amount due right now. It may include past due amounts from an earlier billing period.

PAYMENT IN FULL DUE BY

Your premium payment is due by the 25th of the month.

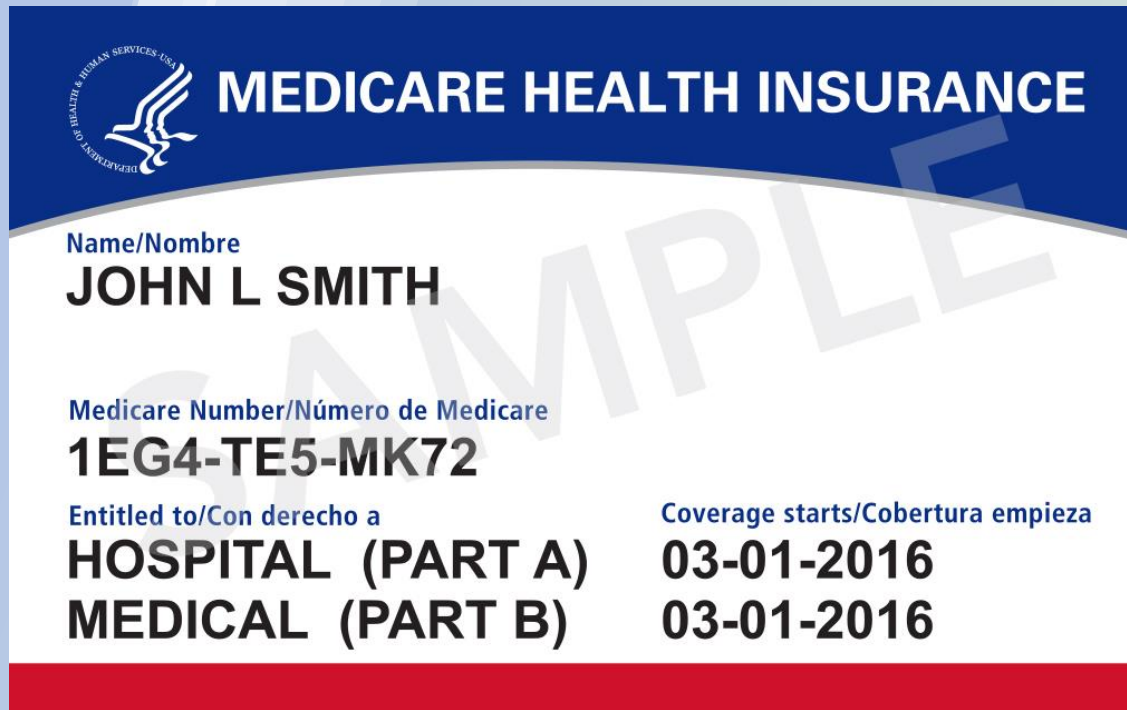
LAST PAYMENT RECEIVED


This is the date that we last received a payment from you. If your last payment was submitted close to the due date it may not be reflected on this bill.

PAYMENT ADDRESS

Send your payment or credit card information with the lower, tear-off portion of the bill in the return envelope we sent you.

Medicare Card Examples



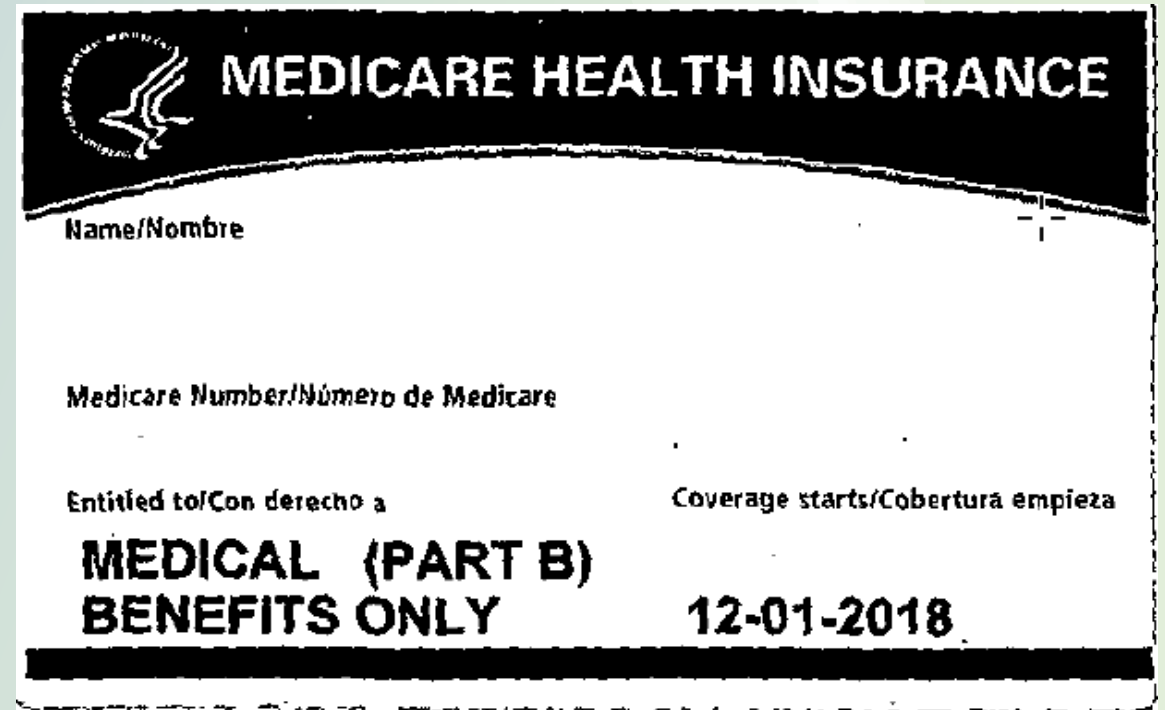
 **MEDICARE HEALTH INSURANCE**


Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Part A and B



 **MEDICARE HEALTH INSURANCE**

Name/Nombre

Medicare Number/Número de Medicare

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
MEDICAL (PART B) BENEFITS ONLY	12-01-2018

Part B only

Payment of Medicare Premiums

- Your Medicare Part B premiums will be deducted from your Social Security benefit check if you are receiving Social Security Benefits
- If you are not collecting Social Security benefits, your monthly or quarterly Medicare statements will include a return address to mail a check or credit card number.
- All Medicare bills are due the 25th of the month.
- You can setup automatic payments by enrolling in a www.MyMedicare.gov account and prevent late payments.
- You can also setup automatic payments through your online banking.
- If you have any payment related questions, please contact Medicare at **1-800-633-4227**

Final Steps

- Once you've received your Part A and B, or B only Medicare card, you will need to submit a copy of your card to our office, along with the forms that were enclosed in your Medicare Transition packet.
- Your CSJ Medicare Plan (Kaiser Senior Advantage or Anthem's Medicare Advantage PPO plan) will become effective the first of the month after the month the forms are received or the date listed on your Medicare card, whichever comes later.
 - if your Medicare card has an effective date of 5/1/2024 and you submit your forms during April, the effective date of your plan will be 5/1/2024
 - If your effective date is 5/1 and you submit your forms in May, your CSJ Medicare plan will be effective 6/1 (the first of the month after the month the forms were received)
- ORS will send your INS650 Medicare Transition form, copy of your Medicare card and your vendor forms (Kaiser Senior Advantage or Anthem's Medicare Advantage PPO) to the insurance vendor for processing.
- You will receive a new card in the mail from Kaiser or Anthem, depending on the plan you elected.

Medicare Resources

- To enroll in Medicare, contact Social Security **(800) 772-1213** or **<https://ssa.gov/medicare/>**
- All inquiries regarding premium payments, billing questions and Medicare Part A and B questions should be directed to Medicare **1-800-MEDICARE (1-800-633-4227)**
- Official Medicare Website- www.medicare.gov
- For questions related to ORS process, call 408-794-1018 or email Retirement.health@sanjoseca.gov